

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004680

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

3175 1963

Registration District No.

541

Registrar's No.

64

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clayton, Mo.</b>		c. CITY OR TOWN <b>Pine Lawn</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Louis County Hospital</b>		d. STREET ADDRESS <b>3715 Jennings, Rd.</b>	
3. NAME OF DECEASED (Type or print) <b>Raymond A. Shoemaker</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10/27/1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		11. BIRTHPLACE (City and state or country) <b>Alabama</b>	
13a. FATHER'S NAME <b>James T. Shoemaker</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#2</b>		16. SOCIAL SECURITY NO. <b>601 S. Brentwood</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Possible cold exposure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Chronic alcoholism</b> DUE TO (c) <b>Chronic alcoholism</b>		17. INFORMANT Address <b>Mrs. H. I. Sparks, 3742 7th, Ave. Wylam, Alabama</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>chronic alcoholism</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:59</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT-WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Clayton, Mo.</b>	
21. I attended the deceased from <b>12-16-62</b> to <b>12-29-62</b> and last saw her alive on <b>12-29-62</b> Death occurred at <b>1-7-63</b> <b>11:59</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>	
22a. SIGNATURE <b>H. R. Bilarest, M.D.</b>	22b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>		22c. DATE SIGNED <b>1/7/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-8-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McDonald Chapel Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Birmingham, Alabama</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>1-8-63</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Mumfry, M.D.</b>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 15 1963

JAN 25 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.